S
614.05
H2t
Nov+Dec.1981
PLE URN
Montana State Library
3 0864 1006 5456 8

TREASURE STATE

HEALTH

USPS 637 960

SHELVED WITH PERIODICALS

OFFICIAL PUBLICATION OF THE MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES.

CNP Invites Over 8,000 to Lunch!

More than 8,000 children eat nutritious meals in child care centers and other day care facilities in 25 Montana counties because of the Child Nutrition Program (CNP), which is funded by the U.S. Department of Agriculture.

The program, which is administered through the Maternal and Child Health Bureau of the Montana Department of Health and Environmental Sciences, has provided financial and technical support to participating child care facilities since 1977, according to Dave Thomas, program manager. During the period from July 1, 1980 through June 30, 1981 the program partially paid for over two and one-half million meals and snacks served to Montana children.

Thomas said the overall goal of the program is to improve the nutritional status of children, who spend part of their day outside the home, by ensuring that meals served in child care facilities meet minimum nutritional requirements. Program funds are used to help purchase food and, in some instances, to buy equipment for use in proper preparation and storage of food.

Ninety-five percent of the federal dollars received in Montana for the program is passed on to those facilities participating; with five percent being retained by the state for administrative costs. Total cost of the program in Fiscal Year 1980, ending June 30, 1981, was $1,827,135.

Technical assistance provided by Thomas and his staff include menu planning, food purchasing and management of special dietary problems. Training meetings and on-site consultations are held throughout the state, and the CNP staff monitors local programs through admnistrative reviews and audits.

In addition to maintaining and evaluating the current program, Thomas cited three objectives included in the state plan for the next fiscal year:

— increase the number of child care facilities participating in the program (there are approximately 85 child care centers and 315 day care homes in the state which are eligible to receive benefits of the program, but not taking advantage of those benefits at this time).

— identify underweight or overweight children now in the program and work through the local facilities to overcome these problems; and

— provide adequate equipment to store, prepare and serve food to participating facilities, as available funds permit.

Other objectives relate to continued training and technical assistance to improve administration of community programs, and identifying needy areas in Montana not presently served by CNP.

Copies of the state plan and more detailed information about CNP are available from the Maternal and Child Health Bureau, State Department of Health and Environmental Sciences, Cogswell Building, Helena, 59620, phone 449-4740.

PONDERING NUMBERS AND NUTRITION . . . Dave Thomas and Peggy Baraby, administrative assistant, go over the data one more time on the Child Nutrition Program.

Medicare Changes

A new law makes important changes in both parts of Medicare health insurance, hospital insurance (which helps pay for inpatient hospital care and certain types of post-hospital care) and medical insurance (which helps pay for physicians' services and other medical services and supplies not covered by the hospital insurance).

Hospital insurance charges include:

(1) Per-day amounts paid by patients for hospital and extended care services will be based on the hospital insurance deductible in effect in the calendar year the services are received, rather than the year the benefit period began.

(2) The base amount used to determine the hospital insurance deductible is raised to $45 from $40 — the first change since Medicare began in 1966 — so future deductibles will bear a more accurate relationship to actual costs of care.

(Continued, page 8)

Health Department Scores 10 for 10 In Special Session; Loses 11 FTEs

As far as the Department of Health and Environmental Sciences is concerned, there really was something special about the Special Session of Montana's 47th Legislative Assembly: The department proposed 10 changes and received approval for all of them!

Taking the big numbers first, the department's general fund monies were increased $84,542 while federally authorized funds (which are not spendable anyway if you don't receive them) were reduced $340,570.

The department was reduced in personnel by II FTE (full-time equivalent employees) over the biennium.

(1) Maternal and Child Health (MCH) Block Grant — The MCH block grant is accepted with a reduction in federal authority of $547,493 as the block grant amount was reduced from the previous categorical amounts. Eight of the FTEs were cut here. Within the reconciliation bill, the department will receive $1,489,900 for federal fiscal years 1982 and 1983 with expenditures of $1,012,930 for MCH and $476,970 for Handicapped Children's Services (HCS). Within the HCS allocation, $205,186 was directed for evaluation services, including $30,000 in state fiscal year 1983 specifically identified for the evaluation centers at Missoula and Billings.

(2) Preventive Health Block Grant — The preventive health block grant is accepted with the department receiving $992,000 in federal fiscal years 1982 and 1983, according to the reconciliation bill. Only 75 percent of the block grant ($744,000) may be spent in state fiscal year 1982 because of the difference in state and federal fiscal years. Explenditure of these monies will be (with 1982 and 1983 funds, respectively) hypertension, $93,000 and $124,000; risk reduction, none and $61,000; diabetes, $56,250 and $75,000; emergency medical services, $327,750 and $403,000; grants to local health agencies, $190,150 and $167,000; administrative costs, $74,400 and $99,200; dental bureau, $2,450 and $28,800; laboratory, none and $34,000. For Emergency Medical Services (EMS), federal authority was increased in 1982 by $327,750 because of the availablilty of carryover funds, a categorical grant and block grant funds. For fiscal 1983, appropriated authority exceeded available funds which resulted in a decrease for EMS of $219,937. EMS was further reduced by $34,000 in block grant funds which will be used within the laboratory.

(3) Early Periodic Screening Diagnosis and Treatment (EPSDT) — The EPSDT project was terminated Oct. 1, 1981, with repeal of the federal mandate. Health screening services offered to children through EPSDT will be covered by other programs. Federal authority was reduced by $134,862 for two years. Three FTEs were cut here.

(4) Medicaid Certification — The federal grant for medicaid certification was anticipated to be at a reduced level in fiscal 1983 so federal authority was reduced by $13,941.

(5) Title XX General Fund Match — Family planning receives Title XX federal funds and the federal government no longer requires a state match. The 1982 general fund match of $22,950 was retained as statewide contracts already had been established utilizing 100 percent of federal and state funds. The $22,950 also was allowed for 1983.

(6) Emergency Medical Services (EMS) — Because of excess federal funds received, $20,000 for each year was removed from the EMS program with $10,000 in fiscal 1982 and $16,000 in 1983 transferred to the laboratory division for additional operating expenses. The remaining general fund of $14,000 reverts.

(7) Solid Waste Management — The department had lost federal funding for solid waste management of $17,237 for fiscal 1982 and $20,000 for 1983, but the program was kept at its current level by replacing lost federal funds with general fund. The program now is funded totally from the general fund.

(8) Air Quality — The Air Quality Bureau is monitoring in the Scobey area to establish baseline data prior to the operation of the Canadian power plant across the border. The previous Legislature had provided $35,512 general fund to allow the monitoring to continue during fiscal 1982 as the power plant operation had been delayed. It was further delayed and the Special Session appropriated $30,000 general fund to continue the monitoring for fiscal 1983.

(9) Food and Consumer Safety — Lost federal funds of $38,000 for fiscal 1983 to be used to inspect grain elevators and public food warehouses were replaced with general fund.

(10) Laboratory Block Grant Funds — Part of the preventive health block grant funds will be used to replace lost federal funds of $34,000 for fiscal 1983 for personal services in the microbiology laboratory. General funds of $10,000 in fiscal 1982 and $16,000 in 1983 were transferred from the EMS program to the laboratory for operating expenses with the microbiology laboratory receiving $10,000 in 1982 and $12,000 in 1983 and the chemistry laboratory receiving $4,000 in fiscal 1983.

In addition to those specific 10 changes, the department did not accept the administration of the primary care block grant. In so doing, this block grant, which will become available in fiscal 1983, will continue to be administered by the federal government. At the maximum, the department would have been eligible for $144,900 and none of these funds will be allowed for administration purposes.

TREASURE
STATE
HEALTH
USPS 637 960
Volume 30, Number 6

Published bimonthly for Montana health professionals and for citizens interested in public health, by the State Department of Health and Environmental Sciences, Helena, Montana, 59620. Entered as Second Class Matter, postage paid at Helena, MT 59620. POSTMASTER: Send address changes to Treasure State Health, Cogswell Bldg., Helena, MT 59620.

Department of Health and Environmental Sciences
Ted Schwinden, *Governor;* Dr. John J. Drynan, *Director;*
Elizabeth Fee, *Treasure State Health Editor.*

Board of Health and Environmental Sciences
John F. McGregor, M.D., *(Chairman)*, Great Falls; Tennie Bottomly, Belgrade; Raymond D. Grondahl, M.D., Butte; George Lackman, Missoula; Kenneth C. Lee, D.V.M., Scobey; William A. Spoja, Jr., Lewistown; Edwin Zaidlicz, Billings.

Problem: Care Costs for Elderly

"On the long list of health problems facing the elderly, one affliction is clearly epidemic — a lack of money."

With that introduction, a Congressional Quarterly article proceeds to detail the problem:

Health care costs for the nation are growing faster than the rate of inflation, and the aged are accounting for a larger and larger share of the escalating bill.

In addition, federal, state and local governments, which pick up about three-fifths of the health care tab for the aged, are finding they can no longer absorb such large, uncontrollable costs without impairing other programs.

The nation's total health bill for the year ending in March, 1981, was $255.8 billion - 9.4 percent of the gross national product (GNP). In 1970, the country spent 7.5 percent of its GNP on health.

Health costs for the elderly — generally defined as those age 65 and over — constitute a substantial, growing share. The average medical bill for a person aged 65 or over was $2,026 in 1978, compared to $764 for those aged 19 through 64 and $286 for those under 19, according to the Health Care Financing Administration (HCFA) in the U.S. Department of Health and Human Services (HHS).

It is projected by the year 2030, when the so-called "baby boom" generation has aged, persons over 65 will comprise an unprecedented 20.4 percent of the total population, up from 11.1 percent in 1980.

This is significant because not only do the elderly tend to be ill more than most other people, but also diseases common to the elderly — arthritis, hypertension, diabetes, emphysema, heart disease — are generally chronic, requiring constant, long-term and potentially more expensive care.

The over — 65 age group is getting ever older - persons over 80 now make up about 22 percent of the aged population, and the size of this group is expected to grow rapidly over the next several decades.

The current expense of health care for the elderly, and the potential for future growth, is placing great strain on federal and state budgets.

Medicare, which generally covers hospital and physician fees for most people over age 65, spent $42.5 billion in fiscal 1981 to pay about 44 percent of the elderly's health care bill. In 1980, Medicare paid out $35 billion, a 20 percent increase over 1979.

Social Security actuaries estimate the costs will continue to soar and place a strain on the Hospital Insurance (HI) trust fund, which finances most of Medicare. The HI trustees estimate the fund will spend $103 billion in 1990, a 303 percent increase over 1980 disbursements.

Medicaid, which covers health costs for the poor, spent $7.6 billion on persons aged 65 and over in fiscal 1979. This amounted to 37 percent of Medicaid's total expenditures, even though the aged made up only 16 percent of the program's recipients.

Legislation enacted earlier in 1981 cut Medicaid spending by about $1 billion a year and Medicare by between $1.3 billion and $1.6 billion for each of the next three years.

As the government cuts back on its share of the health care burden, senior citizens must dig deeper into their own pockets to cover increasing health care expenses. Some groups estimate the elderly pay for as much as 47 percent of their own health care.

The root of the problem is a built-in bias of the existing health care system for expensive, institutional care, according to Jamess Hackin, legislative counsel for the National Retired Teachers Association and the American Association of Retired Persons (NRTA/AARP).

The widespread reimbursement of costs by third-party insurers, such as Medicaid and Medicare, provides little incentive for spending restraint, Hackin adds.

"When a physicial confronts a family with a new, exotic procedure, even if it's expensive and has only a 50-50 chance of working, the family says do it, especially if they know someone else will pay for it," says Dwight Geduldig, legislative director of the American Hospital Association.

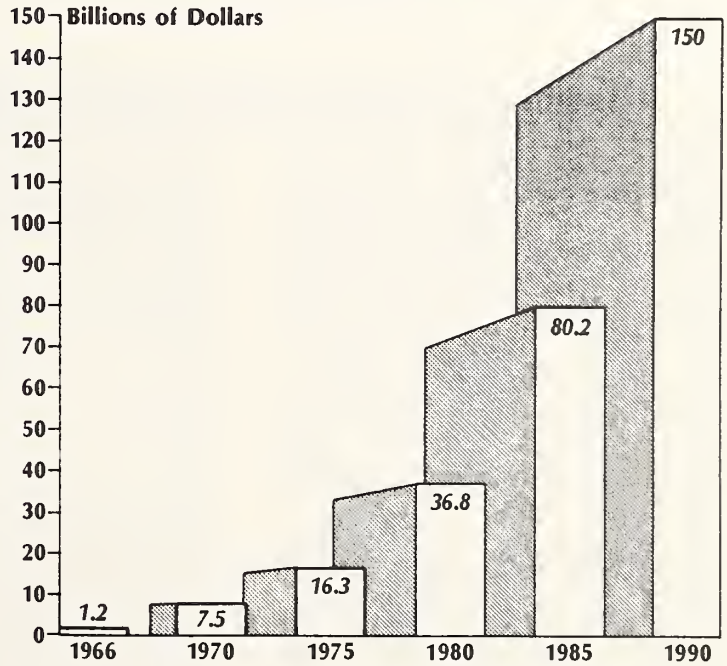
In addition, current Medicaid and Medicare regulations make reimbursement of hospital and nursing home care easier than potentially less expensive home health services, which often can be a more attractive alternative for an elderly person.

At a recent hearing on long-term health care before the Senate Labor and Human Resources Committee, Chairman Orrin G. Hatch, R-Utah, estimated about one-fourth of the aged now in nursing homes do not have to be there. "They could get more compassionate, loving and less costly care at home," he said.

Hatch has introduced a bill that would greatly expand the kinds of home health care services that could be reimbursed by Medicare and Medicaid. The bill also would allow a $500 annual tax credit for those who care for a mentally or physically impaired elderly person in their home.

Growth in Medicare Spending

(Federal Outlays, 1966-1990*)



*Figures for 1985-1990 are estimates based on combined projections for the Hospital Insurance and Supplementary Medical Insurance (SMI) trust funds, using intermediate economic assumptions. Official SMI projections have been made only through 1987; the 1990 figure is an estimate extrapolated from SMI growth through 1987.

Source: Health Care Financing Administration

Ruby Valley EMS Building Opens

New Ruby Valley Emergency Services Memorial Building

Emergency Services Combined Meeting/Classroom

They had open house at the new Ruby Valley Emergency Services memorial building in Sheridan amid an aura of self-sufficiency.

Confidence and local efforts resulted in the construction of the 2,300 square foot facility for costs in excess of $80,000.

The structure houses the Ruby Valley Ambulance and Ruby Valley Search and Rescue units, their vehicles and equipment, as well as a combined meeting and classroom.

The building is located adjacent to the Ruby Valley Hospital, which donated and deeded the site to the emergency services.

Principal participants in the project are particularly proud that the endeavor was financed with funds generated over a period of several years by both the ambulance and search and rescue volunteer units.

In addition to donations and memorial contributions, specific fund activities included such diverse efforts as an annual pancake breakfast, raffles, tree trimming and cutting, Christmas tree sales and seafood sales, conducted throughout the hospital district.

It all paid off in the impressive new building - referred to in dedication as the "non—federal" building — which provides ample space for all training activities and classes for ambulance personnel, quick response units and courses for the general public. The meeting/classroom also is available to the hospital, law enforcement and civil defense people.

At a time when concern is increasing over the scarcity of funding for public projects, the Ruby Valley participants are expressing justifiable satisfaction that their accomplishment came without the aid of tax monies — city, county, state or federal.

They've set an example they openly invite other areas to copy in how to utilize voluntary community involvement to gain services otherwise not available to an area. And, they also give credit where due for governmental assistance in development of emergency services, describing the extent of benefits received from Emergency Medical Services Region 1B, especially in continuing education and overall communications system.

Volunteer ambulance service began in Sheridan in 1972 as a function of the volunteer fire department. In 1976, the service was reorganized completely, utilizing mostly search and rescue personnel and training. After a fund-raising drive that included canvassing the western half of Madison county, a new Type III ambulance was purchased in 1977. The next major funding effort was begun in August, 1980, and culminated in the opening of the new building in just over a year's time.

Drug Referral Lack Seen

A study of sedative/hypnotic drug overdose patients admitted to emergency rooms in four hospitals in New York City, Miami, Houston and Boston during the spring and summer of 1979 reveals that nearly two-thirds of the repeat patients were not receiving help from mental health, drug abuse or alcohol treatment programs.

Results of the study, funded by the National Institute of Drug Abuse, point to the importance of the hospital emergency room as a source for referral to treatment.

Of the nearly 500 patient records studied, nearly half had been admitted at least once before for the same problem, and more than one-fifth of the overdose victims were making their third emergency room visit.

Data on the patients came from their medical records, independently analyzed blood samples, and from the patients themselves. Alcohol played a significant role in the cases studied — 47.2 percent of the patients reported drinking at the time they took the drugs.

The study group was divided into three categories, according to cause of overdose: suicide attempts, pleasure-seeking and self-medication.

Suicide - attempted suicide was the reason for overdose reported by 33.6 percent of the patients; 29.3 percent of this group admitted they were drug dependent. More than half of them reported at least one prior overdose, and one-fourth reported three or more.

Pleasure-seeking - this group accounted for 28.7 percent of the study cases, and the percentage figures for prior overdoses was slightly higher than the suicide group.

Self-medication - patients in this category comprised 37.7 percent of the study group. Over a third of them had used prescription drugs daily for a year or more, and 34.7 percent had experienced prior overdoses.

(Excerpted from an article in ADAMHA News, Vol. VII, No. 24, 12/4/81)

Alcohol/Brain Effects Described

A team of researchers at Hahnermann Medical College in Philadelphia, Pennsylvania, has found evidence of effects of alcohol on the membranes of brain cells which may redirect future research into treatment and prevention of alcoholism.

This evidence extends the findings of other researchers, and may help to explain several puzzling questions which have plagued scientists, including:

—why some chronic alcoholics develop a tolerance to alcohol which allows them to perform physical and mental tasks after drinking an amount which would incapacitate a nonalcoholic;

—why alcohol tolerance often carries with it a tolerance to other drugs, such as halothane (a common anesthetic); and

—what changes take place in the body cells of chronic alcoholics which result in the shakes or delirium tremens when they are deprived of alcohol?

From preliminary evidence derived from experiments on rats, and reported in a recent issue of "Science", Dr. Emanuel Rubin, Dr. Hagai Rottenberg and Dr. Alan Waring believe that only about a third as much of the alcohol in the blood of chronic alcoholics dissolves into the brain cell membranes in comparison with nonalcoholics. The experiments also showed exposure of brain cell membranes to halothane disrupts their structure and function in the same manner as alcohol.

Brain cells, like those of other organs, are covered by protective membranes that contain fats and proteins. Scientists speak of the physical structure of these substances in terms of fluidity. The physical state of a membrane can be compared to butter, which changes from solid to liquid according to various factors, such as heat and cold. Brain cell membranes are normally semifluid.

During the experiments on rats, it was found that when they were made alcoholic their brain cell membranes became stiffer. When alcohol was added directly to the membranes in the laboratory, they became more fluid, but still not as fluid as the membranes of nonalcoholic rats.

The research team theorizes that the unnaturally stiff structure of the brain cell membranes, a state in which they perform less effectively, may cause the body to crave alcohol so that the membranes could return to their natural, fluid state; and may produce a dependency on alcohol. According to this theory, the inability of cells to perform normally could result in hallucinations, or DTs, a sign of chaotic communication between the brain cells.

The researchers also found that the stiff cells absorb only a third of the amount of alcohol and 40 percent of halothane as normal fluid cells, which could account for the ability of chronic alcoholics to have very high, even lethal, amounts of alcohol in their blood and still be able to drive and function fairly normally.

Gold Can Be Costly

Amateur prospectors labor for hours to net a little gold, but can spend 10 to 20 times its worth paying hospital bills, according to Dr. Barry Rumack of the Rocky Mountain Poison Control Center in Denver. Dr. Rumack said the RMPC sees from 100 to 150 cases of mercury poisoning a year, resulting from "kitchen stove" smelting of ore.

Amateurs often drill into veins of quartz, dig out the ore, then heat the ore with liquid mercury to separate the gold.

Mercury is only slightly toxic in its natural liquid form, but it becomes a highly toxic vapor if overheated. The vapors can cause nausea, numbness in the extremities, headaches, bleeding gums, tightness in the chest and slurred speech. Whether damage from mercury poisoning can be reversed depends on the duration of exposure and degree of poisoning which has occurred, according to Dr. Rumack.

Prolonged handling of liquid mercury may also result in poisoning, as in the case of hatmakers who used liquid mercury to form felt into hat shapes. Years of touching the liquid mercury produced damage to the nervous system, often ending in madness. The expression, "mad as a hatter", was entirely accurate in the 19th century.

Some cases of acute mercury poisoning have been successfully reversed after a week to 10 days of treatment with penicillamine.

Last Film Series on Growing Up

(Free copies of the 1981 Audio-Visual Catalog are available to all public health providers and schools on request. Write: Film Library, Montana Department of Health and Environmental Sciences, Cogswell Building, Helena, MT 59620, or call 449-3444.)

The following 12 color films (15 minutes each) comprise the ON THE LEVEL series developed by a consortium of 32 state and provincial education agencies, under the direction of the Agency for Instructional Television, a non-profit American-Canadian organization, and is the last of four series dealing with problems of growing up. The series provides no easy answers to adolescents' questions, but does point out some options they have in dealing with their problems.

Face to Face - Alice will do almost anything to avoid conflict. Because of her inability to say "no", she suffers the emotional and physical effects of suppressed anger.

Daddy's Girl - Jean has always been Daddy's girl, and her dad is having trouble accepting the idea of her growing up. This film portrays the difficulty of working out changing family relationships.

Who Am I? - Tyrone has a problem in accepting the differences between himself and his dead brother, but is helped to reach a better understanding of his own identity by his employer and parents.

Journey Through Stress - Brad has a bad day, when everything seems to go wrong. He must be helped to recognize stress, then cope with it.

Surrounded - Kelly must make a choice as to whether to tell her friends she has epilepsy or miss out on a weekend beach party.

A Little Help From My Friends -What is a "good" friend? Hector is hardworking, overweight and unlucky in love; and often covers for his friend, Beto, both at work and with Beto's girlfriend, but he's getting tired of it. A confrontation changes their relationship.

Getting Together - Dave begins to understand the nature of love and how to express it when he throws a birthday party for his girlfriend, which is crashed by her former boyfriend.

Side By Side - Double-dating for the senior prom by two couples, including a Chinese-American girl, leads to a confrontation with predjudice and the consequences for both the target and the predjudiced person.

Solo - Ben begins to understand the difference between being alone and lonely after he moves to his grandfather's farm with his family.

Behind the Scenes - David is cool — so cool he hides his feelings about almost everything. He develops a crush on his drama coach, and a painful scene with her marks a breakthrough in his ability to express himself.

What Next? - Sam has always been expected to take over the family bakery, but doesn't want to. Harvey has made no career plans of any kind. Sam's father becomes ill, and all three are forced to do some rethinking about the future.

Alternative Route - A frightening adventure forces Lisa and Kate to analyze their actions, consider some alternatives and anticipate consequences of future actions. New thinking skills emerge.

Stress Warning for Working Women

(The following article is based on a talk given by Mary Chronister, Ph.D. at a meeting of the Interdepartmental Coordinating Council for Women (ICCW) in Helena recently. Dr. Chronister received her degree in clinical psychology from George Washington University, Washington, D.C., in 1973. She has been on the staff of the Mountain View School, the Southwest Mental Health Center, and is now in private practice in Helena. She is married and has a three-year-old child.)

Stress can be defined as a physical and mental reaction to change, brought about by hormonal imbalances in the body resulting from primitive, and often excessive, response to a perceived danger. This is perhaps best expressed as the "fight or flight" syndrome.

The reaction to change can be just as strong, whether that change is viewed as positive (marriage, promotion), or negative (death or illness in the family, dissatisfaction with job). It may come about because of one major event, or follow an accumulation of minor changes.

Symptoms of stress include irritability, depression, exhaustion and/or excessive drinking. Each person should try to identify the behavioral patterns which signal their own particular stress periods.

Working women, particularly those with families, frequently suffer from stress because they tend to overcommit. They are somewhat unrealistic in assessing their own abilities to perform all the traditional roles of wife, mother, good citizen in addition to their job. This is particularly true during the holiday season, when traditional family activities seem to demand more from women on the home front. Old habits are hard to change!

To deal successfully with stress, women need to reassess their self expectations and practice good time — management techniques.

1. Develop insight.
   — Identify the source of your stress.
   — Differentiate between internal and external conflicts.
   — Set your own priorities for the current time (what will matter in a hundred years?).
   — Don't overgeneralize.
   — Develop a sense of humor.
   — Choose only areas you can control, ignore those you can't.
   — Choose role models. Who do you know in similar circumstances (not necessarily a superwoman) who seems comfortable with their lifestyle?
2. Negotiate external conflicts (Rules for Fair Fighting).
   — Take office skills home. Methods which work well on the job in dealing with fellow employees or your boss — in organizing your work, dealing with the public — may be just as effective with your family.
   — Don't assume your family or coworkers expect more from you than they do. Discuss this with them.
   — State your needs clearly and positively — don't generalize.
   — Once you have delegated responsibility for tasks to your family members, DON'T take it back, just because it is not being done the way you would do it.
3. Time management.
   — Divide big tasks into small ones. Big tasks can be overwhelming, and easy to put off, creating guilt. Doing them a piece at a time accomplishes the same thing, even if it takes a little longer.
   — Learn to say "NO". No, I cannot be a Cub Scout leader this year. No, I cannot make you a new dress by tomorrow night. No, I will not furnish all the cookies for your meeting.
   — Hire help. If budget permits, and the family can't, or won't do it, hire someone to mow the lawn, shovel the snow, rake the leaves, bake a birthday cake, do the heavy cleaning.
4. Take care of yourself.
   — Proper diet, enough sleep, adequate physical exercise are all necessary to insure you have the energy you need.
   — Reduce unproductive worry. There is little point in worrying about things over which you have no control, so try concentrating on those things which you can change.
   — Talk out your problems - with your family, with your boss, with a trusted friend. Keeping everything locked inside will inevitably lead to stress.
   — Reward yourself. Take time to play and relax your way. Go to a movie, read a good book, take a long hot bath, go for a long walk alone, listen to some old favorite records.
5. Develop self-esteem.
   — Learn to make your own decisions, and to live with them - and learn by them.
   — If you never make a mistake, you're not doing much.

Health Events Calendar

January	*Event*	*Location*	*Sponsors*
20-30	Advanced Trauma Life Support (Physicians only)	Kalispell	ATLS
28-31	Big Sky Pulmonary Ski Symposium	Big Sky	Am. Lung Assoc. of Mont.
February	***Event***	***Location***	***Sponsors***
7	Recent Drug Developments	Billings	U of M School of Pharm.
7	Vitamins/Advertising	Helena	U of M School of Pharm.
22-23	Public Health Nurses	Helena	Mont. Nursing Assoc.
27	Antimicrobial Therapy	Havre	U of M School of Pharm.
28	Antimicrobial Therapy	Great Falls	U of M School of Pharm.
March	***Event***	***Location***	***Sponsors***
1-31	Diabetes Ed., Mon & Weds. nights	Missoula	St. Patrick Hospital
4-6	Mont. Ob-Gyn Society	Big Sky	U of M WMHEC
6	Vitamins/Advertising	Billings	U of M School of Pharm.
7	Recent Drug Developments	Kalispell	U of M School of Pharm.
7	Vitamins/Advertising	Glendive	U of M School of Pharm.
8-12	Poisoning: A Symposium	Denver, Colo.	Rocky Mt. Poison Center
12-13	Cardiac Conference	Big Sky	U of M WMHEC
22-26	Coronary Care Nursing	Missoula	U of M WMHEC
31-4/4	National Council on Aging	Washington, D . C .	National Council on Aging
April	***Event***	***Location***	***Sponsors***
7-9	4th Annual Occupational & Environmental Health Conference	Park City, Utah	RMCOEH
14-16	Annual meeting MPHA, MEHA, MDA	Great Falls	Mont. Public Health Association

Use Media to Promote Good Health Habits

Television drama, articles about disease, columns of advice on physical and mental health, and information aimed at health consumers are all standard features of the mass media.

This strong interest in health matters could provide an opening for health promotion initiatives, according to Robert Moon, health promotion coordinator in the Preventive Health Services Bureau of the Montana Department of Health and Environmental Sciences.

Referring to information published in Health Education Quarterly and in Promoting Health: Issues and Strategies, Moon advises those who wish to use the mass media to promote health that there is a great need to design media programs carefully to concentrate on health rather than illness.

The media spends a great deal of time, space and money telling the public about health and medical matters, but the impact, especially through television, often seems to be a negative force.

Quoting from Promoting Health, "Rarely do messages about good health habits balance the weight of messages that promote sugar-coated cereals for children, the use of chemicals and medications for every minor complaint or cosmetic purpose, the use of violence to solve interpersonal or social problems, skewed sex-role perceptions, and other practices or values."

By way of explanation, media sources claim it is much more difficult to portray positive images of wellness and health.

Although admitting there is no easy answer to the problem of bringing better information about health to the public by way of the mass media, Moon suggests there are ways in which the media can be used to change unhealthful behavior through education.

As avenues of approach, Moon notes the public's insatiable interest in medical technology and biomedical "miracles"; public respect for physicians and health workers; public fascination with hospital drama; and, the public's increasing interest in the effect on its pocketbook of the cost of medical care.

Promoting Health says, "With this and other evidence at hand, health educators and health policymakers on both a national and local level should take the lead in suggesting to the media the kinds of programming, information, materials and concepts which would be of significance and interest to the health consumers."

In encouraging health promotors to utilize the media for their message, Moon calls attention to the practical factors which have been found to be the most effective in inducing permanent attitude and behavior change through media campaigns.

According to Health Education Quarterly, these are the conditions to be effective: (1) arousing involvement in the issue and/or motivation to change; (2) much repetition by several sources, via multi-media, over long periods of time (years, not weeks or months); (3) novelty in the way the message is presented (in order to maintain attention and increase the chance of arousing involvement); (4) targeting specific issues and providing consistent alternative attitudinal structures; and (5) high quality production of materials (equal to that of commercial mass media production) to insure attention.

Health Education Resource Directory

The Preventive Health Services bureau and the Health Planning and Resource Development bureau have recently printed the "Montana Health Education/Risk Reduction Directory." Objectives were to prepare a guide to locate appropriate resources and information, facilitate communication, increase coordination of services, assess gaps in local services, create awareness among community leaders and improve access to information concerning disease and prevention and health promotion.

Copies of the directory are available from the Health Education/Risk Reduction Program, Preventive Health Services Bureau, State Department of Health and Environmental Sciences, Cogswell Building, Helena, MT 59620.

Thanks — to all of you who responded to our survey following the last issue. We received many comments and suggestions which will be helpful in planning future issues of Treasure State Health. For those of you who intended to respond, but somehow didn't get around to it, we are running the survey form again.

In our next issue we will publish a summary of replies received.

Treasure State Health Reader Survey

In order for us to continue sending your Treasure State Health we must know it has value to you. If you wish to receive future copies, please complete the following questionnaire and return it to: Editor, Treasure State Health, Montana Department of Health and Environmental Sciences, Cogswell Building, Room C104, Helena, MT 59620.

1. Do you wish to receive future issues?

   ☐ Yes ☐ No

2. Do you know someone who would be interested in receiving TSH? If so, please provide their name and address below:

   _____

   _____

   _____

   COMMENTS:

3. How do you find the articles?

   ☐ Generally interesting

   ☐ Too technical

   ☐ Too general

4. Are there any special subjects you would like to see presented? If so, briefly explain below:

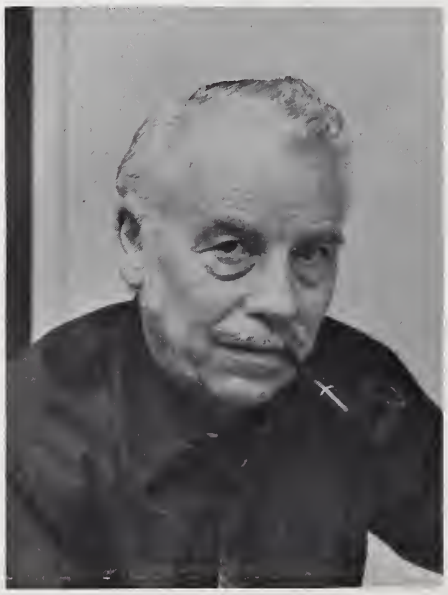
New Appointees at SDHES

Ray Hoffman – Administrator, Central Services Division. Ray was born in Miles City and moved, with his family, to Helena in 1948, attending schools in Helena and Boulder. He was a member of the United States Air Force from 1960 to 1968, and received his B.A. degree in business from Nebraska in 1972. His experience includes business manager, Boulder River School and Hospital; Administrative Services Bureau Chief, Department of Institutions; and senior analyst, Legislative Fiscal Analyst's office. Ray and his wife, Linda, have a 12 year old daughter.

Correction

In the story printed in the last issue of Treasure State Health concerning the Dental Research and Demonstration project being carried on in Montana schools, it was incorrectly stated that a weekly two percent sodium fluoride mouthrinse is used. The solution contains 0.2 percent sodium fluoride.

Joe Renders – Information Officer, Public Information Unit. Joe was born in Gilroy, California, attended elementary and high school in Fairview and was graduated with a B.A. degree in journalism from the University of Montana in 1950. Following 10 years as a reporter and editor on weekly and daily newspapers in Glendive, Billings, Miles City and Great Falls, he co-owned and operated a public relations firm in Great



Falls for 15 years. After 5 years as an executive and public relations director with statewide organizations, he "signed aboard the Titanic" by joining the Department of Community Affairs as a bureau chief in late 1980. He came to SDHES in December, 1981. His wife, Shirley, is a real estate broker and manages the Claimstake Apartments in Helena.

John Hawthorne – Chemistry Labor-atory Bureau Chief. John was born in Columbus, Montana, lived and attended elementary and high school in Billings. He earned his B.S. degree in chemistry at the University of Montana in 1970, and was employed by the SDHES as a chemist in May of that year. John and his wife, Bonnie are parents of one daughter and one son.

Medicare (cont. from page 1)

Medical insurance changes include:

(1) The annual deductible is raised to $75 from $60.

(2) The annual deductible has to be met each year without regard to the previous year. This eliminates the "carryover rule" under which any medical expenses incurred in the last three months of a year which counted toward that year's medical insurance annual deductible also counted toward the following year's deductible.

(3) There will be a general enrollment period the first three months of the year for persons who did not sign up at their first opportunity.

Public Information Office
Department of Health and Environmental Sciences
Helena, Montana 59620

2nd Class
Postage Paid
at Helena, MT
USPS 637 960

3,000 copies of this public document were published at an estimated cost of $.13 per copy, for a total cost of $396.75, which includes $321.75 for printing and $75.00 for distribution.